

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
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Baltimore, Maryland 21244-1850



**Center for Medicaid and State Operations**

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FEB 14 2002

Bo Bowen  
Deputy Administrator for Health Services  
Division of Medicaid  
239 North Lamar Street  
Suite 801  
Jackson, Mississippi 39201-1399

Dear Mr. Bowen:

*Thank* you for your December 28 response to CMS's initial questions regarding your application for a Medicaid 1115 family planning waiver. The Department of Health and Human Service's waiver team has reviewed your responses, and now has some more specific follow-up questions to your responses.

Please review these questions, and provide us with your responses at your earliest convenience. I would be happy to schedule a conference call to discuss any questions you may have. I may be reached at (410) 786-3039.

Sincerely,

A handwritten signature in black ink, appearing to read "Julie Everitt". The signature is written in a cursive style with a large initial "J".

Julie Everitt  
Project Officer

## Comments on Mississippi's December 28 Response to Questions

Q. 3: In coming up with its target enrollment goal of 69,785, the state subtracted 84,725 women who are currently covered under Medicaid from their total family planning waiver eligible population of 162,010. The state needs to clarify how many of those 84,725 women covered under Medicaid are a) pregnant, and b) going to be eligible for the family planning waiver post-pregnancy? Subsequently, the state needs to explain how those figures will affect their target enrollment estimation of 69,785.

Q. 4: What is the advantage of enrolling individuals at a centralized location? Why not enroll locally also? Will the local agencies have access to the information input into the system?

Q 6: Please discuss how teens will be screened for full Medicaid benefits.

Q 8: Since it is likely that there will be fluctuations in the income levels of enrolled women during the five year demonstration period, we believe that it is appropriate for the state to include a process to redetermine/recertify eligible women. Please explain how this process will be conducted.

Q.1 1. How will the automated tracking system be set up?

Q 13. The proposal states that **an** assessment of the existing family planning providers has been conducted and it was determined that there are a sufficient number of providers to meet the needs of the waiver. Who conducted this assessment, when was it done, what was the focus?

Q.14. Your proposal indicates; "Every opportunity will be made available to educate providers as to their use and importance during the training and marketing services available through the waiver process." What types of training and marketing services does the state plan to use?

Q. 16: The state plans to notify private providers primarily through **an** article in the monthly Medicaid provider bulletin. Unless all private providers who would be appropriate to recruit for delivery of family planning services under this waiver are already participating in Medicaid, it seems that another communication method is warranted, such as a direct letter from the DOM to private providers. Please discuss the necessity/feasibility of such a communication device. The state had mentioned that information about the program will be shared on routine provider visits. What is the average number of "routine provider visits" per year?

Q 17. Is the state conducting the evaluation? You state that Jackson State will provide expertise to select the most appropriate evaluation methodology.

Q. 21: Please clarify your response on whether enrollment trends will remain constant. An expected constancy in the delivery system does not convey whether or not enrollment

will stay constant. Is the state planning to cap enrollment on an annual basis? Please explain your rationale.

Q 24. Please explain how you estimated a downward adjustment of 6% from 10% as opposed to some other percentage. Did the state use state-specific data? CMS originally asked for at least two years of historical data in order to justify the 6% rate of averted births. We still have not received this information.

Q 27. The family planning waiver materials that are distributed to the clients need to explain how people may access primary care. It is not enough to just send providers a directory of CHCs. Will any materials be provided to actual clients?

Q 29. Please clarify how the state will evaluate or assess the impact of providing referrals for primary care services.

#### Budget Neutrality Spreadsheet

(refer to federal costs worksheet)

1. What is the basis for the number of women who delivered (17,000) and the number of infants requiring care (17,000)? It seems unrealistic that there would be a 1:1 ratio of deliveries to infants. Are these numbers based on actual claims data? If not, the state should use its data rather than estimate based on population size. Also, how did the state arrive at the assumption that the number of deliveries would increase from 17,000 in year 1 to 21,462 in year 5?
2. Why do the number of averted births remain constant for the last three years of the waiver? The state has made adjustments for persons without the waiver and for per capita costs. Wouldn't the number of averted births change from year to year?
3. The state has included **an** administration costs line item under Expanded FP Service, as well as systems changes. You do not need to include administrative costs in its waiver budget, and can delete these line. However, please explain why the systems changes costs are \$20,000 in year one as opposed to \$20,000 for the remainder of the demonstration?
4. Under the with waiver deliveries section, the persons without waiver line is different than the number of persons under the without waiver section. Why is this number lower in the with waiver section when you subtract out the averted births in the next line? Please explain.
5. The state assumes it will enroll approximately 79% of its target population (55,246 women) in its first year, and hit its target enrollment by year two. The state needs to clarify a) how it expects to hit its target within two years, and b) **as** in response to Qs. 3 and 21 above, what revisions they may need to make in enrollment projections.

6. Finally, the state estimates that the waiver enrollment will be **69,785** for years two through five. If enrollment is not projected to increase with each year that the waiver is in effect, the state needs to clarify how it can make the following assumptions: 1) the number of persons without waiver for whom the state covers delivery costs will decrease over the five years; and 2) despite the decrease in deliveries, the number of averted births in years 3, 4, and 5 will remain constant.